

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 435202504

**Report Date:** 05/03/2021

**Date Signed:** 05/03/2021 11:24:22 AM

**Document Has Been Signed on 05/03/2021 11:24 AM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: WEBSTER HOUSE		FACILITY NUMBER: 435202504	
ADMINISTRATOR: HIBBS, LINDA		FACILITY TYPE: 741	
ADDRESS: 401 WEBSTER STREET		TELEPHONE: (650) 327-4333	
CITY: PALO ALTO		STATE: CA ZIP CODE: 94301	
CAPACITY: 54		CENSUS: 41 DATE: 05/03/2021	
TYPE OF VISIT: Case Management - Other		UNANNOUNCED TIME BEGAN: 11:00 AM	
MET WITH: Linda Hibbs		TIME COMPLETED: 11:30 AM	
<b>NARRATIVE</b>			
1	Licensing Program Analyst (LPA) David Marrufo and Nurse Roxane Fangon conducted a tele-visit via		
2	Zoom to provide technical assistance to prevent and mitigate the spread of COVID-19 at the facility. LPA		
3	Marrufo, and Nurse Roxane Fangon met with Administrator Linda Hibbs.		
4			
5	The Administrator reports that there are currently 0 COVID-19 positive residents and 0 COVID-19		
6	positive staff.		
7			
8	During today's tele-visit, the following recommendations were made to the facility by Nurse Roxane		
9	Fangon:		
10			
11	1. Continue facility COVID-19 mitigation practices.		
12			
13			
14			
15			
16	No deficiencies were cited as per California Code of Regulations, Title 22. This report was reviewed with		
17	with Garret Johnson. A copy of the report will be sent to him for it to be signed and returned to CCL		
18			
19			
20			
21			
22			
23			
24			
25			
<b>NAME OF LICENSING PROGRAM MANAGER:</b> Jackie Jin			
<b>NAME OF LICENSING PROGRAM ANALYST:</b> David Marrufo			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/03/2021

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/03/2021

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**